

BAMSE 4.2

Miscellaneous questions

1. What was your child's weight at birth? grams
2. What was his/her length at birth? cm
3. What was the circumference of his/her head? cm
4. Did the child's mother use oral contraceptives before this pregnancy?
No/Yes
5. If yes, how long had the mother been using oral contraceptives?
Less than 1 year
1-5 years
More than 5 years
6. How many months before the end of this pregnancy did the mother stop taking oral contraceptives?
Less than 3 months
3-6 months
7-12 months
More than 1 year

Questions about medications

7. Has your child used any medicine for asthma or breathing problems during the past year?
No ==> Go to question 11
Yes
8. If so, how much in the past year?
Bricanyl (terbutaline), Ventoline (salbutamol) (liquid)
Teovent (theophylline (2-hydroxy)trimethylammonium) (liquid or rectal enema)
Bricanyl (terbutaline) (suspension)
Theo-Dur (theophylline) (suspension)
Bambec (bambuterol) (liquid)
Bricanyl (terbutaline), Ventoline (salbutamol), Lomudal (cromolyn sodium) (for inhalation)
Atrovent (ipratropium) (for inhalation)
Pulmicort (budesonide), Becotide (beclomethasone) (for inhalation)
Lomudal (cromolyn sodium) (for inhalation)
Cortisone tablets (e.g. Betapred (betamethasone) to be dissolved in water)
Response alternatives:
Total less than 2 months, as needed or for short periods
Total 2-3 months, regularly or for short periods
Total 4-6 months, regularly or for short periods
Total more than 6 months, regularly or for short periods
9. If the child has taken medicine by inhalation in the past year, how was this done?
Medicine in aerosol form inhaled through a metal or plastic bubble (spacer)
Medicine in solution inhaled through an electrically powered or air-pumped inhaler
10. If the child has inhaled Pulmicort (budesonide) or Becotide (beclomethasone) during the past year, what was the usual daily dose in micrograms (see label on package)
100-200 micrograms
300-400 micrograms

500-800 micrograms
more than 800 micrograms

Some questions about the child

11. Has your child ever had MC (viral infection that causes little white bumps on the skin)?
No
Yes, fewer than 10 bumps
Yes, 11-40 bumps
More than 40 bumps
Don't know
12. Has your child ever had warts?
No
Yes, fewer than 3
Yes, 4-10
Yes, more than 10
13. Has your child ever had dry, scaly skin, possibly with a tendency to crack, in the front part of the sole of the foot or under the big toe? (Check all that apply)
No
Yes, has had
Yes, has now
Don't know
14. Has your child had tubes inserted surgically into an ear?
No/Yes
15. Has your child had his/her adenoids removed?
No/Yes
16. Has your child had diarrhoea lasting three weeks or more without known cause?
Never/Once/Several times
17. Does your child have periods of constipation?
Never/Sometimes/Frequently

Questions about the child's home

(Questions 18-24 apply to the home where the child lives most of the time)

18. What type of structure does the child live in?
Multi-unit dwelling (flat)
Single-unit dwelling (house, bungalow, townhouse)
19. When was the residence built?
Before 1940
1940-1960
1961-1975
1976-1985
After 1985, specify:
20. How many permanent residents are there in the same dwelling as the child?
Adults (18 years and over)
Children 4-17 years old
Infants 0-4 years old
21. What type of window does the house have?
Double-glazed

- Triple-glazed
Both double- and triple-glazed
22. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the bedrooms in the winter (Nov-Mar)?
No, never
Yes, but only under certain weather conditions
Yes, frequently
23. Is there condensation on the inside of the windowpane (mist along the entire lower edge, at least 2 cm high) in the living room in the winter (Nov-Mar)?
No, never
Yes, but only under certain weather conditions
Yes, frequently
24. What type of ventilation does the house have?
Passive ventilation
Exhaust fan
Other
Don't know

Questions to assess the child's exposure to auto exhaust

25. Has the child always lived at the current address?
Yes ==> Go to question 27
No, the child has moved 1 time/2 times/3 or more times
26. If so, which at address(es) has the child lived?
Street address: Municipality:
(Space provided for three addresses)

Questions about child care

27. Does your child presently have any type of child care?
No ==> Go to question 32
Yes
28. What type of child care does your child have?
Child care outside the home (e.g. day nursery or childminder)
Child care at home (e.g. nanny)
Three-family system (Translator's note: several families get together and employ a childminder who cares for the children in one of the families' homes)
29. If the child is in care outside the home, at what address?
Street address: Municipality:
30. On the average, how many hours per week has your child spent at his/her usual child care location in the past 12 months?
About hours/week
31. How many children are there in the group? (If the child stays with a childminder, include the childminder's own children)
About children
32. Has your child previously been in any other form of child care?
No/Yes
33. At what age did your child start going to a day nursery or a childminder?
About months

34. Has your child had child care in several different places?
No/Yes
35. At which day nursery or childminder did you child spend most time between:
Age 1 and 2/Age 2 and 3/Age 3 and 4
For each age range the parent is asked to specify
Day nursery or childminder
Number of children
Street address
Municipality
36. Was your child exposed to/in contact with any of the following during his/her time at
the day nursery or childminder's house?
Age 1 to 2/Age 2 to 3/Age 3 to 4/Current
For each age range the parent is asked about
Tobacco smoking
Response alternatives: No/Yes, every day/Yes, but not every day/Don't know
Pets, and if so which
Response alternatives: No/Yes, with choices Cat/Dog/Rodent
Gas stove
Response alternatives: No/Yes/Don't know

Please check to see that all the questions have been answered.
Thank you once more!

Space for your own comments.